



MISSOURI DEPARTMENT OF REVENUE
CERTIFICATION OF RENT PAID FOR 2002

2002
FORM
MO-CRP

- Read instructions.
- Print or type.

| | | | | | |
|--|--|---|--|--|------|
| 1. SOCIAL SECURITY NUMBER | | SPOUSE'S SOCIAL SECURITY NUMBER | | ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN. | |
| 2. NAME | | ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX) | | 3. LANDLORD'S NAME, SOCIAL SECURITY NO. | |
| CITY, STATE, AND ZIP CODE | | LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE | | | |
| 4. HOW MANY PEOPLE, OTHER THAN YOU AND YOUR SPOUSE (IF APPLICABLE), RESIDE AT THIS ADDRESS AND ARE AGE 18 OR OLDER FOR ENTIRE YEAR? (SEE 8G BELOW.) | | 5. LANDLORD'S PHONE NUMBER () | | | |
| 6. RENTAL PERIOD DURING YEAR | | FROM: MONTH — DAY — YEAR 2002 | | TO: MONTH — DAY — YEAR 2002 | |
| 7. Enter your gross rent paid. Attach copies of your lease agreement(s) or copies of cancelled checks (front and back) for rent paid. If receiving assistance, enter the amount of rent YOU paid. | | | | | 7 00 |
| 8. Check the appropriate box and enter the corresponding percentage on Line 8. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 30% of total household income.) <input type="checkbox"/> G. SHARED RESIDENCE — If you shared your residence with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. Additional persons sharing residence/percentage to be entered: <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) | | | | | 8 % |
| 9. Net rent paid. Multiply Line 7 by the percentage on Line 8. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12 OR FORM MO-PTC, LINE 10. | | | | | 9 00 |

MO 860-1090 (11-2002)



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MO 860-1090 (11-2002)

Information to Complete Form MO-CRP

STEP 1

Enter all information requested on Lines 1–6. If rent is paid to a relative, the relationship to the landlord must be indicated on Line 1. If individuals other than yourself and your spouse (if applicable) reside at the address and are age 18 or older, enter the number on Line 4.

STEP 2

Enter on Line 7 the gross rent paid. Exclude rent paid for any portion of your home used in the production of income, and the rent paid for surrounding land with attachments not necessary nor maintained for homestead purposes. Also, exclude any rent paid to your landlord on your behalf by any organization.

STEP 3

If you were a resident of a nursing home or boarding home during 2002, use the applicable percentage on Line 8. If you live in a hotel and meals are included in your rent payment, enter 50 percent; otherwise enter 100 percent. If you share your home with relatives and/or friends, enter the appropriate percentage of your home you occupied. If none of the reductions apply to you, enter 100 percent on Line 8.

STEP 4

Multiply Line 7 by the percentage on Line 8. Enter this amount on Form MO-CRP, Line 9 and on Form MO-PTS, Line 12 (first box).

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STEP 4

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